

SUMMARIES OF OTHER PAPERS READ AT THE FIRST ORTHOPAEDIC MEETING, SINGAPORE, JUNE 1964.

A LATERAL APPROACH TO THE CERVICAL SPINE

By A. R. Hodgson, Hongkong.

An approach to the cervical spine through the posterior triangle of the neck behind the sterno-mastoid, internal jugular vein and the common carotid artery was described. The simplicity of this approach was emphasized and adequate exposure from C₄ to T₁ could be obtained by this approach.

Its use was mainly to fuse the spine anteriorly in cervical spondylosis, although it had been used in cases of tuberculosis of the spine and in other lesions of the cervical spine.

The excision of cervical discs was illustrated and the method of anterior fusion shown.

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A CLINICAL EXTRACT OF BONE AND JOINT TUBERCULOSIS

By B. N. Sinha, Lucknow, India.

This paper dealt with the incidence of the various bones affected in the author's series and with the problems of diagnosis and treat-

ment. The indications for various operative procedures, their merits and demerits, and their results were presented.

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ORTHOPAEDIC CAUSES OF ABDOMINAL PAIN

By Lloyd Griffiths, Manchester, England.

The speaker discussed the commoner and rarer orthopaedic conditions that simulated abdominal disease. These patients were often subjected to laparotomy before the true nature

of the disease became apparent. The importance of spinal examination in all patients presenting with abdominal pain was stressed.

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A CLINICO-PATHOLOGICAL STUDY OF CERVICAL SPINE FRACTURES (WITH AND WITHOUT CORD DAMAGE), WITH COMMENTS ON INSTABILITY

By G. M. Bedbrook, Perth, Australia.

The author has reviewed a total of 156 cases of cervical spine fractures treated in the Orthopaedic and Paraplegic Departments of Royal Perth Hospital. Forty-one cases without cord damage were treated conservatively; only four of these cases were in the potentially unstable group, but these stabilised by conservative methods. Another two cases were operated on at an early period for latent instability. 113 cases with cord damage were studied from the records of the Paraplegic Unit — of these, 85 cases were assessable and 60 were found to be in the flexion-rotation or compression group. A further 5 cases had

early operation and were dismissed from the review of conservative therapy. Of all cases treated conservatively in the quadriplegic group, only 5 proved to be unstable after some three months — a true instability rate of about 12.5%. All five of these cases were found to be in the flexion-rotation group.

In the group caused by compression, all fractures were stable and all healed either by bony union or by pseudarthrosis. The paper set out the pathological studies in this particular regard, showing that the true instability rate was small enough for all cases to be treated conservatively in immediate management.